

COOPERATIVE DRIVER TESTING PROGRAM (CDTP)
SCHOOL DISTRICT INTENT TO PARTICIPATE

School District: _____

Mailing Address: _____

District Superintendent's Name: _____

CDTP Contact Person Name: _____

Title: _____

Telephone Number: () _____

Fax Number: () _____

Mailing Address: _____

1. This school district offers Traffic Education courses as follows:

Fall Semester ☐

Spring Semester ☐

Summer Semester ☐

2. School Districts must complete and submit the *Intent to Participate* and attach the *Instructor Compliance Affidavits* for each OPI approved Traffic Education Instructor employed by your district.

I certify that our instructors have reviewed, and will comply with, the Cooperative Driver Testing Program. I understand the Department of Justice/Office of Public Instruction may conduct random examinations and/or audits without prior notice, and that the Department reserves the right to cancel or suspend CDTP approval of an instructor and/or school district for noncompliance.

Signature of Responsible School Official

Date

Please mail completed forms to:
Montana Department of Justice
Motor Vehicle Division
PO Box 201430
Helena, MT 59620-1430

HAVE QUESTIONS? CALL: 444-1778 OR 444-1779